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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/588,405
Confirmation Number	
Filing Date	with an effective filing date of January 19, 2005
First Named Inventor	Stephan SCHARFENBERG and Peter STREIPARDT
Group Art Unit	3611
Examiner Name	Kevin HURLEY Fax: (571) 273-8300
Total No. of Pages in this Submission: 18	Attorney Docket Number ZAHFRI P876US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in Duplicate) <input checked="" type="checkbox"/> Fee attached - Check \$220.00 <input checked="" type="checkbox"/> Amendment/Response [11pgs] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) --Annotated Sheet(s) [2] Replacement Sheet(s) [2] <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	March 3, 2009	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on March 3, 2009

Signature		Date: March 3, 2009 (amp)
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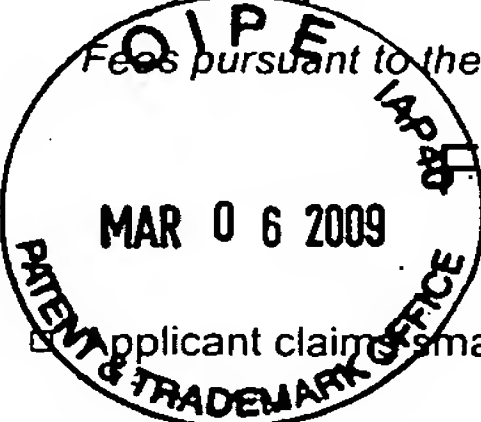
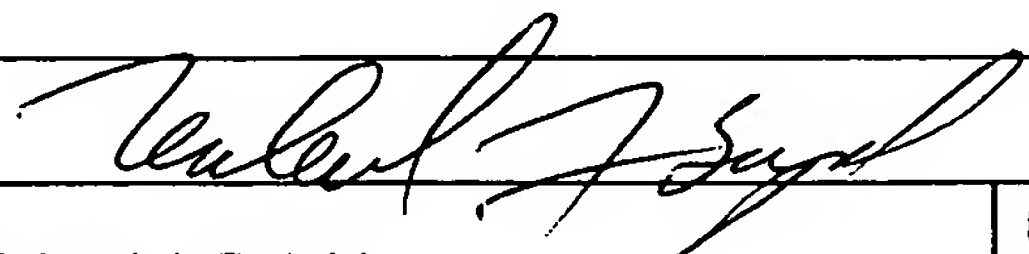
Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

10/588,405
with an effective filing date of
January 19, 2005
Stephan SCHARFENBERG and
Peter STREIPARDT
Kevin HURLEY
3611

ZAHFRI P876US

220.00 DP

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><div style="margin-left: 10px;"><p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p><p>FREE TRANSMITTAL For FY 2008</p><p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p></div></div></div>		Complete if Known					
		Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/588,405 with an effective filing date of January 19, 2005 Stephan SCHARFENBERG and Peter STREIPARDT Kevin HURLEY 3611				
TOTAL AMOUNT OF PAYMENT: \$220.00		Attorney Docket No. ZAHFRI P876US					
METHOD OF PAYMENT (check all that apply)							
<div><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</div> <div><input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS & BUJOLD, P.L.L.C</u></div> <div>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</div> <div><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</div> <div><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments</div>							
WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES				Small Entity Fee (\$)			
<u>Fee Description</u>				<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>		
Each claim over 20 (including Reissues)				52	26		
Each independent claim over 3 (including Reissues)				220	110	\$220.00	
Multiple dependent claims				390	195		
<u>Total Claims</u> -20 or HP =		<u>Extra Claims</u> x	<u>Fee (\$)</u> \$52/\$26 =	<u>Fee Paid (\$)</u>		<u>Multiple Dependent Claims</u>	
<u>Indep. Claims</u> -3 or HP +		<u>Extra Claims</u> x	<u>Fee (\$)</u> =	<u>Fee Paid (\$)</u>		<u>Fee Paid (\$)</u>	
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u> -100 =		<u>Extra Sheets</u> / 50 =	<u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x		<u>Fee (\$)</u> \$270/\$135 =	<u>Fee Paid (\$)</u>	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						_____	
Other (e.g., late filing surcharge): <u>Petition for One Month Extension of term</u>						_____	
SUBMITTED BY							
Signature						Telephone (603) 226-7490	
Name (Print/Type)	Michael J. Bujold			Registration No. (Atty/Agent) 32,018	Date: March 3, 2009		